

# DAY USE AND/OR LODGING RESERVATION FORM

**\*INITIAL RESERVATIONS MUST BE MADE BY PHONE\* 641-747-8383**

**PLEASE RETURN THIS FORM AT LEAST TWO WEEKS PRIOR TO YOUR RESERVED DATES TO:**

Springbrook Conservation Education Center \* 2473 - 160th Road \* Guthrie Center, IA 50115

Fax: 641-747-3951 E-Mail: consed@netins.net

## CONTACT PERSON:

<b>Name of organization/institution:</b>	
<b>Age of the group's majority</b> (please circle one):    Elementary    Jr. High    Sr. High    College    Adults	
<b>Sponsor or individual representing the organization/contact person:</b>	
<b>Phone #:</b> (____) _____	<b>Fax #:</b> (____) _____
<b>E-Mail:</b> _____	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	

## FACILITY RESERVATION DATES/TIMES:

<b>Arrival Date:</b>	<b>Time:</b> a.m./ p.m.	<b>Departure Date:</b>	<b>Time:</b> a.m./ p.m.
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## GROUP SPECIFICS (choose one group and complete the requested information):

<b><u>School Group</u></b> (Grade Level: _____) <b>Total Number in Group:</b> _____ Youth _____ Adults	
<b>Facility Use</b> (check one): ____ Day Use Only (\$5/person) ____ Overnight: (\$10/person) x _____ nights    # males: _____    # females: _____ (include youth and chaperones/teachers)	
Linens/Towel Service and Classroom Use: Included <b>FACILITY USE TOTAL: \$</b> _____	
<b><u>Conservation Education Group</u></b> (DNR Groups, Scouts, 4-H, etc) <b>Total Number in Group:</b> _____ (youth/adults)	
<b>Facility Use</b> (check one): ____ Day Use Only (\$5/person-youth or adult group) ____ Overnight: (\$5/person-youth/adult group) x _____ nights    # males: _____    # females: _____ ____ Overnight: (\$15/person-adult group) x _____ nights    # males: _____    # females: _____	
<b>Options:</b> Linens/Towel Service (\$5/person per day):    Y ____ N ____ Classroom Use:    Y ____ N ____    # requested (3 avail): _____    # of days _____ Library Use:    Y ____ N ____    # of days _____	
<b>FACILITY USE + OPTIONS TOTAL: \$</b> _____	
<b><u>Non-Conservation Education Group</u></b> <b>Total Number in Group:</b> _____ (youth/adults)	
<b>Facility Use</b> (check one): ____ Day Use Only (\$5/person-youth or adult group) ____ Overnight: (\$5/person-youth/adult group) x _____ nights    # males: _____    # females: _____ ____ Overnight: (\$15/person-adult group) x _____ nights    # males: _____    # females: _____	
<b>Options:</b> Linens/Towel Service (\$5/person per day):    Y ____ N ____ Classroom Use (\$100/day):    Y ____ N ____    # requested (3 avail): _____    # of days _____ Library Use (\$50/day):    Y ____ N ____    # of days _____ Kitchenette Use (\$30/day):    Y ____ N ____    # of days _____	
<b>FACILITY USE + OPTIONS TOTAL: \$</b> _____	
<b><u>Family Reunion</u></b> <b>Total Number in Group:</b> _____ (youth/adults)	
<b>Facility Use:</b> ____ Overnight: (\$160/per dorm per day) x _____ nights	
<b>Options:</b> Linens/Towel Service (\$160/per dorm per day):    Y ____ N ____ Classroom Use (\$100/day):    Y ____ N ____    # requested (3 avail): _____    # of days _____ Library Use (\$50/day):    Y ____ N ____    # of days _____ Kitchenette Use (\$30/day):    Y ____ N ____    # of days _____	
<b>FACILITY USE + OPTIONS TOTAL: \$</b> _____	

**FACILITY USE/OPTIONS TOTAL:**    \$ \_\_\_\_\_    payable to DNR/CEC upon arrival  
**CONCESSIONAIRE MEAL TOTAL:**    \$ \_\_\_\_\_    payable to IOWA MARKET upon arrival (Meal Form enclosed)  
**DAMAGE DEPOSIT** (schools groups exempt): \$ \_\_\_\_\_ 50.00    payable to DNR/CEC upon arrival under separate pmt  
**Sponsor/Organization's Representative Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

Facility: Springbrook Conservation Education Center \* 2473 160th Rd \* Guthrie Center, IA 50115 \* 641-747-8383  
Concessionaire (Meals/Food): Iowa Market \* Paul Belden \* 2473 160th Rd \* Guthrie Center, IA 50115 \* 641-747-2785